Maryland General Assembly Legislative Bond Initiative Request Form

Sponsor Information	
Sponsor Name (Senator or Delegate):	
Sponsor Email:	
Co-Sponsor (3 max)	
Co-Sponor Name(Senator or Delegate) _ Co-Sponsor Email:	
Cross File Sponsor Name (Senator or Delegate):	
Cross File Sponsor Email:	
Project Information Project Name:	
Amount Requested:	
Project County Location:	
Legal Name of Recipient: (If a corporation, please give name exactly as it appears in the Articles of Incorporation as registered with the State Department of Assessments and Taxation) Legal Status of Recipient: (e.g., corporation, local government)	
If other, please explain:	
Address of Project and Recipient (If	project and recipient have different address, include both)
Briefly describe the purpose and rea	son for the project:
Does the project or recipient have as	ny religious affiliation or involvement?
Please list the year of any previous b	ond bills or initiatives:
Project Contact Information	
Name:	
Address:	
Phone Number:	
Email:	